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## Application Data Sheet

### Application Information

Application number::

Filing Date::

Application Type:: Regular

Subject Matter:: Utility

Suggested Classification::

Suggested Group Art Unit::

CD-ROM or CD-R?:: None

Number of CD disks::

Number of copies of CDs::

Sequence submission?:: Paper

Computer Readable Form (CRF)?:: Yes

Number of copies of CRF:: 1

Title:: METHODS OF TREATING INFLAMMATORY  
DISEASES ASSOCIATED WITH BONE  
DESTRUCTION (as amended)

Attorney Docket Number:: 50026/055001

Request of Early Publication?:: No

Request of Non-Publication?:: No

Suggested Drawing Figure::

Total Drawing Sheets:: 3

Small Entity?:: No

Petition Included?:: No

Petition Type::

Licensed US Govt. Agency::

Contract or Grant Numbers::

Secrecy Order in Parent Appl.?: No

### **Applicant Information**

Applicant Authority Type:: Inventor

Primary Citizenship Country:: Japan

Status:: Full Capacity

Given Name:: Katsuo

Middle Name::

Family Name:: Sueishi

Name Suffix::

City of Residence::

State or Province of Residence:: Fukuoka

Country of Residence:: Japan

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State or Province of mailing address:: Fukuoka

Country of mailing address:: Japan

Postal or Zip Code of mailing address:: 815-0073

Applicant Authority Type:: Inventor

Primary Citizenship Country:: Japan

Status:: Full Capacity

Given Name:: Yoshikazu

Middle Name::

Family Name:: Yonemitsu

Name Suffix::

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State or Province of mailing address:: Fukuoka

Country of mailing address:: Japan

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Applicant Authority Type:: Inventor

Primary Citizenship Country:: Japan

Status:: Full Capacity

Given Name:: Akihisa

Middle Name::

Family Name:: Yamashita

Name Suffix::

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State or Province of Residence:: Fukuoka

Country of Residence:: Japan

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State or Province of mailing address:: Fukuoka

Country of mailing address:: Japan

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Applicant Authority Type:: Inventor  
Primary Citizenship Country:: Japan  
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Given Name:: Akihiko  
Middle Name::  
Family Name:: Yoshimura  
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Country of mailing address:: Japan  
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Applicant Authority Type:: Inventor  
Primary Citizenship Country:: Japan  
Status:: Full Capacity  
Given Name:: Mamoru  
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Family Name:: Hasegawa  
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Country of Residence:: Japan

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chome,  
City of mailing address:: Tsukuba-shi  
State or Province of mailing address:: Ibaraki  
Country of mailing address:: Japan  
Postal or Zip Code of mailing address:: 305-0856

**Correspondence Information**

Correspondence Customer Number:: 21559

**Representative Information**

Representative Customer Number:: 21559

**Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	National stage of	PCT/JP2004/002887	03/05/04

**Foreign Priority Information**

Country::	Application Number::	Filing Date::	Priority Claimed::
JP	2003-075964	03/19/03	YES

**Assignee Information**

Assignee name::  
Street of mailing address::  
City of mailing address::  
State of Province of mailing address::  
Country of mailing address::  
Postal or Zip Code of mailing address::